

## Power Play! Campaign Community Youth/Webelos Activity Form

Name of Council/District/Pack: \_\_\_\_\_  
 Leader Name/Den #: \_\_\_\_\_ Telephone Number: \_\_\_\_  
 Address: \_\_\_\_\_

Activity Name	Completed?	Date	# of 9, 10, 11 year-old children reached	Comments
1. Power Mysteries	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
2. 5 A Day Memory Game	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
3. Dressed Raw Veggies	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
4. Dried Fruit Snack Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
5. Recipe Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
6. Ripening Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
7. New Plants from Plant Parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
8. Grow a Mini Vegetable Garden	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
9. Field Trip Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
10. 5 A Day Power News	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
11. 5 A Day Voting Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
12. Adopt a DJ	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
13. Plan a Fun Family Meal (school)	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
14. 5 A Day Challenge (school)	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		

What changes, if any, did you notice in the children after completing the *Power Play!* activities (i.e. better attitudes about fruits and vegetables, eating more fruits and vegetables, etc.)?

## **Power Play! Campaign Community Youth/Webelos Activity Form**

(continued on the back of this page )

## Power Play! Campaign Community Youth/Webelos Activity Form

Will you use the *Power Play!* materials again in the future? ☐ Yes ☐ No    Why or why not?

Do you have any other comments that may help us improve the program in the future?

May we contact you to get more feedback? ☐ Yes ☐ No

**Return completed forms to (fax or mail):**

**Attn: Melodee Lopez**

**San Bernardino County Department of Public Health**

**Nutrition Program**

**351 N. Mt. View Ave.**

**San Bernardino, CA 92415-0010**

**Fax: (909) 387-6899 Phone: (909) 387-6318**